



# House of Representatives

**File No. 678**

General Assembly

February Session, 2000

**(Reprint of File No. 369)**

Substitute House Bill No. 5792  
As Amended by House Amendment  
Schedules "A", "B" and "C"

Approved by the Legislative Commissioner  
April 28, 2000

## ***An Act Making Technical And Other Changes To Certain Public Health Statutes.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 17a-210 of the general statutes is  
2 repealed and the following is substituted in lieu thereof:

3 (a) There shall be a Department of Mental Retardation. The  
4 Department of Mental Retardation, with the advice of a Council on  
5 Mental Retardation, shall be responsible for the planning,  
6 development and administration of complete, comprehensive and  
7 integrated state-wide services for persons with mental retardation and  
8 persons medically diagnosed as having Prader-Willi syndrome. The  
9 Department of Mental Retardation shall be under the supervision of a  
10 Commissioner of Mental Retardation, who shall be appointed by the  
11 Governor in accordance with the provisions of sections 4-5 to 4-8,  
12 inclusive. The Council on Mental Retardation may advise the  
13 Governor on the appointment. The commissioner shall be a person  
14 who has background, training, education or experience in  
15 administering programs for the care, training, education, treatment

16 and custody of persons with mental retardation. The commissioner  
17 shall be responsible, with the advice of the council, for planning and  
18 developing complete, comprehensive and integrated state-wide  
19 services for persons with mental retardation; for the implementation  
20 and where appropriate the funding of such services; and for the  
21 coordination of the efforts of the Department of Mental Retardation  
22 with those of other state departments and agencies, municipal  
23 governments and private agencies concerned with and providing  
24 services for persons with mental retardation. The commissioner shall  
25 be responsible for the administration and operation of the state  
26 training school, state mental retardation regions and all state-operated  
27 community-based residential facilities established for the diagnosis,  
28 care and training of persons with mental retardation. The  
29 commissioner shall be responsible for establishing standards,  
30 providing technical assistance and exercising the requisite supervision  
31 of all state-supported residential, day and program support services  
32 for persons with mental retardation and work activity programs  
33 operated pursuant to section 17a-226. The commissioner shall conduct  
34 or monitor investigations into allegations of abuse and neglect and file  
35 reports as requested by state agencies having statutory responsibility  
36 for the conduct and oversight of such investigations. The  
37 commissioner shall stimulate research by public and private agencies,  
38 institutions of higher learning and hospitals, in the interest of the  
39 elimination and amelioration of retardation and care and training of  
40 persons with mental retardation.

41 Sec. 2. Subsection (b) of section 19a-77 of the general statutes is  
42 repealed and the following is substituted in lieu thereof:

43 (b) For registration and licensing requirement purposes, child day  
44 care services shall not include such services which are:

45 (1) (A) Administered by a public school system, or (B) administered  
46 by a municipal agency or department and located in a public school  
47 building for students enrolled in that school;

48 (2) Administered by a private school which is in compliance with  
49 section 10-188 and is approved by the State Board of Education or is  
50 accredited by an accrediting agency recognized by the State Board of  
51 Education;

52 (3) Recreation operations such as but not limited to creative art  
53 studios for children that offer parent-child recreational programs and  
54 classes in music, dance, drama and art that are no longer than two  
55 hours in length, library programs, boys' and girls' clubs, church-related  
56 activities, scouting, camping or community-youth programs;

57 (4) Informal arrangements among neighbors or relatives in their  
58 own homes, provided the relative is limited to any of the following  
59 degrees of kinship by blood or marriage to the child being cared for or  
60 to the child's parent: Child, grandchild, sibling, niece, nephew, aunt,  
61 uncle or child of one's aunt or uncle;

62 (5) Drop-in supplementary child care operations for educational or  
63 recreational purposes and the child receives such care infrequently  
64 where the parents are on the premises; or

65 (6) Drop-in supplementary child care operations in retail  
66 establishments where the parents are on the premises for retail  
67 shopping, in accordance with section 19a-77a, as amended, provided  
68 that the drop-in supplementary child-care operation does not charge a  
69 fee and does not refer to itself as a child day care center.

70 Sec. 3. Section 19a-84 of the general statutes is repealed and the  
71 following is substituted in lieu thereof:

72 (a) When the Commissioner of Public Health has reason to believe  
73 any person licensed under sections 19a-77 to 19a-80, inclusive, and 19a-  
74 82 to 19a-87, inclusive, has failed substantially to comply with the  
75 regulations adopted under said sections, [he] the commissioner may  
76 notify [said] the licensee in writing of [his] the commissioner's  
77 intention to suspend or revoke the license or to impose a licensure  
78 action. Such notice shall be served by certified mail stating the

79 particular reasons for the proposed action. The [license applicant or  
80 license holder] licensee may, if aggrieved by such intended action,  
81 make application for a hearing in writing over [his] the licensee's  
82 signature to the commissioner. The [aggrieved person] licensee shall  
83 state in the application in plain language the reasons why [he] the  
84 licensee claims to be aggrieved. The application shall be delivered to  
85 the [Commissioner of Public Health] commissioner within thirty days  
86 of the [aggrieved person's] licensee's receipt of notification of the  
87 intended action. The commissioner shall thereupon hold a hearing  
88 within sixty days from receipt [thereof] of such application and shall,  
89 at least ten days prior to the date of such hearing, mail a notice, giving  
90 the time and place [thereof] of the hearing, to [such aggrieved person]  
91 the licensee. The hearing may be conducted by the commissioner or by  
92 a hearing officer appointed by the commissioner in writing. The  
93 [license applicant or] licensee and the commissioner or hearing officer  
94 may issue subpoenas requiring the attendance of witnesses. The  
95 [license applicant or] licensee shall be entitled to be represented by  
96 counsel and a transcript of the hearing shall be made. If the hearing is  
97 conducted by a hearing officer, [he] the hearing officer shall state [his]  
98 the hearing officer's findings and make a recommendation to the  
99 commissioner on the issue of revocation [and] or suspension or the  
100 intended [licensure denial or] licensure action. The commissioner,  
101 based upon [said] the findings and recommendation of the hearing  
102 officer, or after a hearing conducted by [him] the commissioner, shall  
103 render [his] the commissioner's decision in writing suspending,  
104 revoking or continuing [said] the license or regarding the intended  
105 [licensure denial or] licensure action. A copy of the decision shall be  
106 sent by certified mail to the [license applicant or] licensee. The decision  
107 revoking or suspending the license or a decision imposing a licensure  
108 action shall become effective thirty days after it is mailed by registered  
109 or certified mail to the licensee. A [license applicant or] licensee  
110 aggrieved by the decision of the commissioner may appeal as provided  
111 in section 19a-85.

112 (b) The provisions of this section shall not apply to the denial of an

113 initial application for a license under sections 19a-77 to 19a-80,  
114 inclusive, and 19a-82 to 19a-87, inclusive, provided the commissioner  
115 shall notify the applicant of any such denial and the reasons for such  
116 denial by mailing written notice to the applicant at the applicant's  
117 address shown on the license application.

118 Sec. 4. Section 19a-87e of the general statutes is repealed and the  
119 following is substituted in lieu thereof:

120 (a) The Commissioner of Public Health [shall have the discretion to]  
121 may refuse to license under section 19a-87b, as amended, a person to  
122 own, conduct, operate or maintain a family day care home, as defined  
123 in section 19a-77, or to suspend or revoke the license or take any other  
124 action that may be set forth in regulation that may be adopted  
125 pursuant to section 19a-79 if the person who owns, conducts,  
126 maintains or operates the family day care home, or a person employed  
127 [therein] in such family day care home in a position connected with the  
128 provision of care to a child receiving child day care services, has been  
129 convicted, in this state or any other state of a felony, as defined in  
130 section 53a-25, involving the use, attempted use or threatened use of  
131 physical force against another person, or has a criminal record in this  
132 state or any other state that the commissioner reasonably believes  
133 renders the person unsuitable to own, conduct, operate or maintain or  
134 be employed by a family day care home, or if such persons or a person  
135 residing in the household has been convicted in this state or any other  
136 state of cruelty to persons under section 53-20, injury or risk of injury  
137 to or impairing morals of children under section 53-21, abandonment  
138 of children under the age of six years under section 53-23, or any  
139 felony where the victim of the felony is a child under eighteen years of  
140 age, a violation of section 53a-70, as amended, 53a-70a, as amended,  
141 53a-70b, 53a-71, 53a-72a, 53a-72b, as amended, or 53a-73a, illegal  
142 manufacture, distribution, sale, prescription, dispensing or  
143 administration under section 21a-277 or 21a-278, or illegal possession  
144 under section 21a-279, or if such person, or a person employed  
145 [therein] in such family day care home in a position connected with the  
146 provision of care to a child receiving child day care services, either fails

147 to substantially comply with the regulations adopted pursuant to  
148 section 19a-87b, as amended, or conducts, operates or maintains the  
149 home in a manner which endangers the health, safety and welfare of  
150 the children receiving child day care services. [However, no] Any  
151 refusal of a license pursuant to this section shall be rendered [except]  
152 in accordance with the provisions of sections 46a-79 to 46a-81,  
153 inclusive. Any person whose license has been revoked pursuant to this  
154 section shall be ineligible to apply for a license for a period of one year  
155 from the effective date of revocation.

156 (b) When the [Commissioner of Public Health] commissioner  
157 intends to [refuse a license or to] suspend or revoke a license or take  
158 any other action against a license set forth in regulation adopted  
159 pursuant to section 19a-79, [he] the commissioner shall notify the  
160 [license applicant or license holder] licensee in writing of [his] the  
161 commissioner's intended action. The [license applicant or license  
162 holder] licensee may, if aggrieved by such intended action, make  
163 application for a hearing in writing over [his] the licensee's signature to  
164 the commissioner. The [aggrieved person] licensee shall state in the  
165 application in plain language the reasons why [he] the licensee claims  
166 to be aggrieved. The application shall be delivered to the  
167 [Commissioner of Public Health] commissioner within thirty days of  
168 the [aggrieved person's] licensee's receipt of notification of the  
169 intended action. The commissioner shall thereupon hold a hearing  
170 within sixty days from receipt [thereof] of such application and shall,  
171 at least ten days prior to the date of such hearing, mail a notice, giving  
172 the time and place [thereof] of the hearing, to [such aggrieved person]  
173 the licensee. The provisions of this subsection shall not apply to the  
174 denial of an initial application for a license under section 19a-87b, as  
175 amended, provided the commissioner shall notify the applicant of any  
176 such denial and the reasons for such denial by mailing written notice  
177 to the applicant at the applicant's address shown on the license  
178 application.

179 (c) Any person who is licensed to conduct, operate or maintain a  
180 family day care home shall notify the commissioner of any conviction

181 of the owner, conductor, operator or maintainer of the family day care  
182 home or of any person residing in the household or any person  
183 employed [therein] in such family day care home in a position  
184 connected with the provision of care to a child receiving child day care  
185 services, of a crime which affects the commissioner's discretion under  
186 subsection (a) of this section, immediately upon obtaining knowledge  
187 of such conviction. Failure to comply with the notification requirement  
188 of this subsection may result in the suspension or revocation of the  
189 license or [take] the taking of any other action against a license set  
190 forth in regulation adopted pursuant to section 19a-79 and shall subject  
191 the licensee to a civil penalty of not more than one hundred dollars per  
192 day for each day after the person obtained knowledge of the  
193 conviction.

194 (d) It shall be a class A misdemeanor for any person seeking  
195 employment in a position connected with the provision of care to a  
196 child receiving family day care home services to make a false written  
197 statement regarding prior criminal convictions pursuant to a form  
198 bearing notice to the effect that such false statements are punishable,  
199 which statement [he] such person does not believe to be true and is  
200 intended to mislead the prospective employer.

201 (e) Any person having reasonable cause to believe that a family day  
202 care home, as defined in section 19a-77, is operating without a current  
203 and valid license or in violation of the regulations adopted under  
204 section 19a-87b, as amended, or in a manner which may pose a  
205 potential danger to the health, welfare and safety of a child receiving  
206 child day care services, may report such information to any office of  
207 the Department of Public Health. The department shall investigate any  
208 report or complaint received pursuant to this subsection. The name of  
209 the person making the report or complaint shall not be disclosed  
210 unless (1) such person consents to such disclosure, (2) a judicial or  
211 administrative proceeding results [therefrom] from such report or  
212 complaint, or (3) a license action pursuant to subsection (a) of this  
213 section results [therefrom] from such report or complaint. All records  
214 obtained by the department in connection with any such investigation

215 shall not be subject to the provisions of section 1-210, as amended, for a  
216 period of thirty days from the date of the petition or other event  
217 initiating such investigation, or until such time as the investigation is  
218 terminated pursuant to a withdrawal or other informal disposition or  
219 until a hearing is convened pursuant to chapter 54, whichever is  
220 earlier. A formal statement of charges issued by the department shall  
221 be subject to the provisions of section 1-210, as amended, from the time  
222 that it is served or mailed to the respondent. Records which are  
223 otherwise public records shall not be deemed confidential merely  
224 because they have been obtained in connection with an investigation  
225 under this section.

226 Sec. 5. Section 19a-122b of the general statutes is repealed and the  
227 following is substituted in lieu thereof:

228 Notwithstanding the provisions of chapters 368v and 368z, an  
229 organization licensed as a hospice pursuant to the Public Health Code  
230 or certified as a hospice pursuant to 42 USC Section 1395x, shall be  
231 authorized, until October 1, [2000] 2001, to operate on a pilot basis a  
232 residence for terminally ill persons, for the purpose of providing  
233 hospice home care arrangements including, but not limited to, hospice  
234 home care services and supplemental services. Such arrangements  
235 shall be provided to those patients who would otherwise receive such  
236 care from family members. The residence shall provide a homelike  
237 atmosphere for such patients for a time period deemed appropriate for  
238 home health care services under like circumstances. Any hospice  
239 which operates a residence pursuant to the provisions of this section  
240 shall cooperate with the Commissioner of Public Health to develop  
241 standards for the licensure and operation of such homes.

242 Sec. 6. Subsection (b) of section 19a-195a of the general statutes is  
243 repealed and the following is substituted in lieu thereof:

244 (b) The commissioner shall adopt regulations, in accordance with  
245 the provisions of chapter 54, to (1) provide for state-wide  
246 standardization of certification for ["emergency medical technician-



247 intermediate"] each class of (A) emergency medical technicians,  
248 including, but not limited to, paramedics, (B) emergency medical  
249 services instructors, and (C) medical response technicians, (2) allow  
250 course work for such certification to be taken state-wide, and (3) allow  
251 persons so certified to perform within their scope of certification state-  
252 wide.

253 Sec. 7. Subsection (a) of section 20-94a of the general statutes, as  
254 amended by section 2 of public act 99-168, is repealed and the  
255 following is substituted in lieu thereof:

256 (a) The Department of Public Health may issue an advanced  
257 practice registered nurse license to a person seeking to perform the  
258 activities described in subsection (b) of section 20-87a, as amended,  
259 upon receipt of a fee of one hundred dollars, to an applicant who:  
260 [satisfies the following requirements: (1) Maintains] (1) Is eligible for a  
261 license as a registered nurse in this state, as provided by section 20-93  
262 or 20-94; (2) holds and maintains current certification as a nurse  
263 practitioner, a clinical nurse specialist or a nurse anesthetist from one  
264 of the following national certifying bodies that certify nurses in  
265 advanced practice: The American Nurses' Association, the Nurses'  
266 Association of the American College of Obstetricians and  
267 Gynecologists Certification Corporation, the National Board of  
268 Pediatric Nurse Practitioners and Associates or the American  
269 Association of Nurse Anesthetists, their successors or other  
270 appropriate national certifying bodies approved by the board of  
271 examiners for nursing; (3) has completed thirty hours of education in  
272 pharmacology for advanced nursing practice; and (4) if first certified  
273 by one of the foregoing certifying bodies after December 31, 1994,  
274 holds a master's degree in nursing or in a related field recognized for  
275 certification as either a nurse practitioner, a clinical nurse specialist, or  
276 a nurse anesthetist by one of the foregoing certifying bodies. No  
277 license shall be issued under this section to any applicant against  
278 whom professional disciplinary action is pending or who is the subject  
279 of an unresolved complaint.

280 Sec. 8. Section 20-195c of the general statutes, as amended by section  
281 53 of public act 99-2 of the June special session, is repealed and the  
282 following is substituted in lieu thereof:

283 (a) Each applicant for licensure as a marital and family therapist  
284 shall present to the department satisfactory evidence that [he] such  
285 applicant has: (1) Completed a graduate degree program specializing  
286 in marital and family therapy from a regionally accredited college or  
287 university or an accredited postgraduate clinical training program  
288 approved by the Commission on Accreditation for Marriage and  
289 Family Therapy Education and recognized by the United States  
290 Department of Education; (2) completed a minimum of twelve months  
291 of a supervised practicum or internship to be completed within a  
292 period not to exceed twenty-four consecutive months with emphasis in  
293 marital and family therapy supervised by the program granting the  
294 requisite degree or by an accredited postgraduate clinical training  
295 program, approved by the commission on accreditation for marriage  
296 and family therapy education recognized by the United States  
297 Department of Education in which the student received a minimum of  
298 five hundred direct clinical hours that included one hundred hours of  
299 clinical supervision; (3) completed a minimum of twelve months of  
300 relevant postgraduate experience, including at least (A) one thousand  
301 hours of direct client contact offering marital and family therapy  
302 services subsequent to being awarded a master's degree or doctorate or  
303 subsequent to the training year specified in subdivision (2) of this  
304 subsection, and (B) one hundred hours of postgraduate clinical  
305 supervision provided by a licensed marital and family therapist who is  
306 not directly compensated by such applicant for providing such  
307 supervision; and (4) passed an examination prescribed by the  
308 department. The fee shall be two hundred fifty dollars for each initial  
309 application. [Licenses may be renewed annually in accordance with  
310 the provisions of section 19a-88. The fee for such renewal shall be two  
311 hundred fifty dollars.]

312 (b) The department may grant licensure without examination,  
313 subject to payment of fees with respect to the initial application, to any

314 applicant who is currently licensed or certified in another state as a  
315 marital or marriage and family therapist on the basis of standards  
316 which, in the opinion of the department, are substantially similar to or  
317 higher than those of this state. No license shall be issued under this  
318 section to any applicant against whom professional disciplinary action  
319 is pending or who is the subject of an unresolved complaint.

320 (c) Notwithstanding the requirements of this section, the  
321 commissioner shall, not later than February 6, 2000, grant a license as a  
322 marital and family therapist to any person who applies for licensure  
323 prior to January 1, 2000, and submits satisfactory evidence that the  
324 applicant has (1) a minimum of ten years of relevant experience as of  
325 January 1, 1998, including a minimum of five years work experience  
326 under an approved supervisor or approved substitute supervisor of  
327 the American Association for Marriage and Family Therapy or  
328 supervisor or substitute supervisor certified or licensed under this  
329 chapter, or (2) successfully completed, prior to January 1, 1985, either  
330 (A) a graduate degree program specializing in marital and family  
331 therapy or (B) an accredited postgraduate clinical training program  
332 approved by the Commission on Accreditation for Marriage and  
333 Family Therapy Education and recognized by the United States  
334 Department of Education.

335 (d) Licenses issued under this section may be renewed annually in  
336 accordance with the provisions of section 19a-88, as amended. The fee  
337 for such renewal shall be two hundred fifty dollars. Each licensed  
338 marital and family therapist applying for license renewal shall furnish  
339 evidence satisfactory to the commissioner of having participated in  
340 continuing education programs. The commissioner shall adopt  
341 regulations, in accordance with chapter 54, to (1) define basic  
342 requirements for continuing education programs, (2) delineate  
343 qualifying programs, (3) establish a system of control and reporting,  
344 and (4) provide for waiver of the continuing education requirement for  
345 good cause.

346 Sec. 9. Section 20-275 of the general statutes is repealed and the

347 following is substituted in lieu thereof:

348 (a) Each person licensed under the provisions of this chapter shall  
349 register annually with the department in accordance with the  
350 provisions of section 19a-88, as amended, on forms provided by the  
351 department, such registration to be accompanied by a fee of fifty  
352 dollars.

353 (b) Each licensed hypertrichologist applying for license renewal  
354 shall furnish evidence satisfactory to the Commissioner of Public  
355 Health of having participated in continuing education programs. The  
356 commissioner shall adopt regulations, in accordance with chapter 54,  
357 to (1) define basic requirements for continuing education programs, (2)  
358 delineate qualifying programs, (3) establish a system of control and  
359 reporting, and (4) provide for waiver of the continuing education  
360 requirement for good cause.

361 Sec. 10. Section 38a-488a of the general statutes, as amended by  
362 section 27 of public act 99-284, is repealed and the following is  
363 substituted in lieu thereof:

364 (a) Each individual health insurance policy providing coverage of  
365 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
366 38a-469 delivered, issued for delivery, renewed, amended or continued  
367 in this state on or after January 1, 2000, shall provide benefits for the  
368 diagnosis and treatment of mental or nervous conditions. For the  
369 purposes of this section, "mental or nervous conditions" means mental  
370 disorders, as defined in the most recent edition of the American  
371 Psychiatric Association's "Diagnostic and Statistical Manual of Mental  
372 Disorders". "Mental or nervous conditions" does not include (1) mental  
373 retardation, (2) learning disorders, (3) motor skills [disorder] disorders,  
374 (4) communication disorders, (5) caffeine-related disorders, (6)  
375 relational problems, and (7) additional conditions that may be a focus  
376 of clinical attention, that are not otherwise defined as mental disorders  
377 in the most recent edition of the American Psychiatric Association's  
378 "Diagnostic and Statistical Manual of Mental Disorders".

379 (b) No such policy shall establish any terms, conditions or benefits  
380 that place a greater financial burden on an insured for access to  
381 diagnosis or treatment of mental or nervous conditions than for  
382 diagnosis or treatment of medical, surgical or other physical health  
383 conditions.

384 (c) In the case of benefits payable for the services of a licensed  
385 physician, such benefits shall be payable for the same services when  
386 such services are lawfully rendered by a psychologist licensed under  
387 the provisions of chapter 383 or by such a licensed psychologist in a  
388 licensed hospital or clinic.

389 (d) [(1)] In the case of benefits payable for the services of a licensed  
390 physician or psychologist, such benefits shall be payable for the same  
391 services when such services are rendered by:

392 (1) [a] A clinical social worker who is licensed under the provisions  
393 of chapter 383b and who has passed the clinical examination of the  
394 American Association of State Social Work Boards and has completed  
395 at least two thousand hours of the post-master's social work experience  
396 in a nonprofit agency qualifying as a tax-exempt organization under  
397 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
398 corresponding internal revenue code of the United States, as from time  
399 to time amended, in a municipal, state or federal agency or in an  
400 institution licensed by the Department of Public Health under section  
401 19a-490; [. (2) In the case of benefits payable for the services of a  
402 licensed physician or psychologist, such benefits shall be payable for  
403 the same services when such services are rendered by]

404 (2) [a] A social worker who was certified as an independent social  
405 worker under the provisions of chapter 383b prior to October 1, 1990; [.

406 (3) In the case of benefits payable for the services of a licensed  
407 physician or psychologist, such benefits shall be payable for the same  
408 services when such services are rendered by]

409 (3) [a] A licensed marital and family therapist who has completed at  
410 least two thousand hours of the post-master's marriage and family

411 therapy work experience in a nonprofit agency qualifying as a tax-  
412 exempt organization under Section 501(c) of the Internal Revenue  
413 Code of 1986 or any subsequent corresponding internal revenue code  
414 of the United States, as from time to time amended, in a municipal,  
415 state or federal agency or in an institution licensed by the Department  
416 of Public Health under section 19a-490; [. (4) In the case of benefits  
417 payable for the services of a licensed physician or psychologist, such  
418 benefits shall be payable for the same services when such services are  
419 rendered by]

420 (4) [a] A marital and family therapist who was certified under the  
421 provisions of chapter 383a prior to October 1, 1992; [. (5) In the case of  
422 benefits payable for the services of a licensed physician or  
423 psychologist, such benefits shall be payable for the same services when  
424 such services are rendered by]

425 (5) [a] A licensed alcohol and drug counselor, as defined in section  
426 20-74s, as amended, or a certified alcohol and drug counselor, as  
427 defined in section 20-74s, as amended; or

428 (6) A licensed professional counselor.

429 (e) For purposes of this section, the term "covered expenses" means  
430 the usual, customary and reasonable charges for treatment deemed  
431 necessary under generally accepted medical standards, except that in  
432 the case of a managed care plan, as defined in section 38a-478,  
433 "covered expenses" means the payments agreed upon in the contract  
434 between a managed care organization, as defined in section 38a-478,  
435 and a provider, as defined in section 38a-478.

436 (f) (1) In the case of benefits payable for the services of a licensed  
437 physician, such benefits shall be payable for (A) services rendered in a  
438 child guidance clinic or residential treatment facility by a person with a  
439 master's degree in social work or by a person with a master's degree in  
440 marriage and family therapy under the supervision of a psychiatrist,  
441 physician, licensed marital and family therapist, or licensed clinical  
442 social worker who is eligible for reimbursement under subdivisions (1)

443 to (4), inclusive, of subsection (d) of this section; (B) services rendered  
444 in a residential treatment facility by a licensed or certified alcohol and  
445 drug counselor who is eligible for reimbursement under subdivision  
446 (5) of subsection (d) of this section; or (C) services rendered in a  
447 residential treatment facility by a licensed professional counselor who  
448 is eligible for reimbursement under subdivision (6) of subsection (d) of  
449 this section.

450 (2) In the case of benefits payable for the services of a licensed  
451 psychologist under subsection (d) of this section, such benefits shall be  
452 payable for (A) services rendered in a child guidance clinic or  
453 residential treatment facility by a person with a master's degree in  
454 social work or by a person with a master's degree in marriage and  
455 family therapy under the supervision of such licensed psychologist,  
456 licensed marital and family therapist, or licensed clinical social worker  
457 who is eligible for reimbursement under subdivisions (1) to (4),  
458 inclusive, of subsection (d) of this section; [ (3) In the case of benefits  
459 payable for the services of a licensed physician, such benefits shall be  
460 payable for services rendered in a residential treatment facility by a  
461 licensed or certified alcohol and drug counselor who is eligible for  
462 reimbursement under subdivision (5) of subsection (d) of this section.  
463 (4) In the case of benefits payable for the services of a licensed  
464 psychologist under subsection (d) of this section, such benefits shall be  
465 payable for] (B) services rendered in a residential treatment facility by  
466 a licensed or certified alcohol and drug counselor who is eligible for  
467 reimbursement under subdivision (5) of subsection (d) of this section;  
468 or (C) services rendered in a residential treatment facility by a licensed  
469 professional counselor who is eligible for reimbursement under  
470 subdivision (6) of subsection (d) of this section.

471 (g) In the case of benefits payable for the service of a licensed  
472 physician practicing as a psychiatrist or a licensed psychologist, under  
473 subsection (d) of this section, such benefits shall be payable for  
474 outpatient services rendered (1) in a nonprofit community mental  
475 health center, as defined by the Department of Mental Health and  
476 Addiction Services, in a nonprofit licensed adult psychiatric clinic

477 operated by an accredited hospital or in a residential treatment facility;  
478 (2) under the supervision of a licensed physician practicing as a  
479 psychiatrist, a licensed psychologist, a licensed marital and family  
480 therapist, a licensed clinical social worker, [or] a licensed or certified  
481 alcohol and drug counselor or a licensed professional counselor who is  
482 eligible for reimbursement under subdivisions (1) to [(5)] (6), inclusive,  
483 of subsection (d) of this section; and (3) within the scope of the license  
484 issued to the center or clinic by the Department of Public Health or to  
485 the residential treatment facility by the Department of Children and  
486 Families.

487 (h) Except in the case of emergency services or in the case of services  
488 for which an individual has been referred by a physician affiliated  
489 with a health care center, nothing in this section shall be construed to  
490 require a health care center to provide benefits under this section  
491 through facilities that are not affiliated with the health care center.

492 (i) In the case of any person admitted to a state institution or facility  
493 administered by the Department of Mental Health and Addiction  
494 Services, Department of Public Health, Department of Children and  
495 Families or the Department of Mental Retardation, the state shall have  
496 a lien upon the proceeds of any coverage available to such person or a  
497 legally liable relative of such person under the terms of this section, to  
498 the extent of the per capita cost of such person's care. Except in the case  
499 of emergency services, the provisions of this subsection shall not apply  
500 to coverage provided under a managed care plan, as defined in section  
501 38a-478.

502 Sec. 11. Section 38a-514 of the general statutes, as amended by  
503 section 28 of public act 99-284, is repealed and the following is  
504 substituted in lieu thereof:

505 (a) Except as provided in subsection (j) of this section, each group  
506 health insurance policy, providing coverage of the type specified in  
507 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,  
508 issued for delivery, renewed, amended or continued in this state on or



509 after January 1, 2000, shall provide benefits for the diagnosis and  
510 treatment of mental or nervous conditions. For the purposes of this  
511 section, "mental or nervous conditions" means mental disorders, as  
512 defined in the most recent edition of the American Psychiatric  
513 Association's "Diagnostic and Statistical Manual of Mental Disorders".  
514 "Mental or nervous conditions" does not include (1) mental  
515 retardation, (2) learning disorders, (3) motor skills [~~disorder~~] disorders,  
516 (4) communication disorders, (5) caffeine-related disorders, (6)  
517 relational problems, and (7) additional conditions that may be a focus  
518 of clinical attention, that are not otherwise defined as mental disorders  
519 in the most recent edition of the American Psychiatric Association's  
520 "Diagnostic and Statistical Manual of Mental Disorders".

521 (b) No such group policy shall establish any terms, conditions or  
522 benefits that place a greater financial burden on an insured for access  
523 to diagnosis or treatment of mental or nervous conditions than for  
524 diagnosis or treatment of medical, surgical or other physical health  
525 conditions.

526 (c) In the case of benefits payable for the services of a licensed  
527 physician, such benefits shall be payable for the same services when  
528 such services are lawfully rendered by a psychologist licensed under  
529 the provisions of chapter 383 or by such a licensed psychologist in a  
530 licensed hospital or clinic.

531 (d) [(1)] In the case of benefits payable for the services of a licensed  
532 physician or psychologist, such benefits shall be payable for the same  
533 services when such services are rendered by:

534 (1) [a] A clinical social worker who is licensed under the provisions  
535 of chapter 383b and who has passed the clinical examination of the  
536 American Association of State Social Work Boards and has completed  
537 at least two thousand hours of the post-master's social work experience  
538 in a nonprofit agency qualifying as a tax-exempt organization under  
539 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
540 corresponding internal revenue code of the United States, as from time

541 to time amended, in a municipal, state or federal agency or in an  
542 institution licensed by the Department of Public Health under section  
543 19a-490; [. (2) In the case of benefits payable for the services of a  
544 licensed physician or psychologist, such benefits shall be payable for  
545 the same services when such services are rendered by]

546 (2) [a] A social worker who was certified as an independent social  
547 worker under the provisions of chapter 383b prior to October 1, 1990; [. (3) In the case of benefits payable for the services of a licensed  
548 physician or psychologist, such benefits shall be payable for the same  
549 services when such services are rendered by]  
550

551 (3) [a] A licensed marital and family therapist who has completed at  
552 least two thousand hours of the post-master's marriage and family  
553 therapy work experience in a nonprofit agency qualifying as a tax-  
554 exempt organization under Section 501(c) of the Internal Revenue  
555 Code of 1986 or any subsequent corresponding internal revenue code  
556 of the United States, as from time to time amended, in a municipal,  
557 state or federal agency or in an institution licensed by the Department  
558 of Public Health under section 19a-490; [. (4) In the case of benefits  
559 payable for the services of a licensed physician or psychologist, such  
560 benefits shall be payable for the same services when such services are  
561 rendered by]

562 (4) [a] A marital and family therapist who was certified under the  
563 provisions of chapter 383a prior to October 1, 1992; [. (5) In the case of  
564 benefits payable for the services of a licensed physician or  
565 psychologist, such benefits shall be payable for the same services when  
566 such services are rendered by]

567 (5) [a] A licensed alcohol and drug counselor, as defined in section  
568 20-74s, as amended, or a certified alcohol and drug counselor, as  
569 defined in section 20-74s, as amended; or

570 (6) A licensed professional counselor.

571 (e) For purposes of this section, the term "covered expenses" means

572 the usual, customary and reasonable charges for treatment deemed  
573 necessary under generally accepted medical standards, except that in  
574 the case of a managed care plan, as defined in section 38a-478,  
575 "covered expenses" means the payments agreed upon in the contract  
576 between a managed care organization, as defined in section 38a-478,  
577 and a provider, as defined in section 38a-478.

578 (f) (1) In the case of benefits payable for the services of a licensed  
579 physician, such benefits shall be payable for (A) services rendered in a  
580 child guidance clinic or residential treatment facility by a person with a  
581 master's degree in social work or by a person with a master's degree in  
582 marriage and family therapy under the supervision of a psychiatrist,  
583 physician, licensed marital and family therapist or licensed clinical  
584 social worker who is eligible for reimbursement under subdivisions (1)  
585 to (4), inclusive, of subsection (d) of this section; (B) services rendered  
586 in a residential treatment facility by a licensed or certified alcohol and  
587 drug counselor who is eligible for reimbursement under subdivision  
588 (5) of subsection (d) of this section; or (C) services rendered in a  
589 residential treatment facility by a licensed professional counselor who  
590 is eligible for reimbursement under subdivision (6) of subsection (d) of  
591 this section.

592 (2) In the case of benefits payable for the services of a licensed  
593 psychologist under subsection (d) of this section, such benefits shall be  
594 payable for (A) services rendered in a child guidance clinic or  
595 residential treatment facility by a person with a master's degree in  
596 social work or by a person with a master's degree in marriage and  
597 family therapy under the supervision of such licensed psychologist,  
598 licensed marital and family therapist or licensed clinical social worker  
599 who is eligible for reimbursement under subdivisions (1) to (4),  
600 inclusive, of subsection (d) of this section; [. (3) In the case of benefits  
601 payable for the services of a licensed physician, such benefits shall be  
602 payable for services rendered in a residential treatment facility by a  
603 licensed or certified alcohol and drug counselor who is eligible for  
604 reimbursement under subdivision (5) of subsection (d) of this section.  
605 (4) In the case of benefits payable for the services of a licensed

606 psychologist under subsection (d) of this section, such benefits shall be  
607 payable for] (B) services rendered in a residential treatment facility by  
608 a licensed or certified alcohol and drug counselor who is eligible for  
609 reimbursement under subdivision (5) of subsection (d) of this section;  
610 or (C) services rendered in a residential treatment facility by a licensed  
611 professional counselor who is eligible for reimbursement under  
612 subdivision (6) of subsection (d) of this section.

613 (g) In the case of benefits payable for the service of a licensed  
614 physician practicing as a psychiatrist or a licensed psychologist, under  
615 subsection (d) of this section, such benefits shall be payable for  
616 outpatient services rendered (1) in a nonprofit community mental  
617 health center, as defined by the Department of Mental Health and  
618 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
619 operated by an accredited hospital or in a residential treatment facility;  
620 (2) under the supervision of a licensed physician practicing as a  
621 psychiatrist, a licensed psychologist, a licensed marital and family  
622 therapist, a licensed clinical social worker, [or] a licensed or certified  
623 alcohol and drug counselor, or a licensed professional counselor who  
624 is eligible for reimbursement under subdivisions (1) to [(5)] (6),  
625 inclusive, of subsection (d) of this section; and (3) within the scope of  
626 the license issued to the center or clinic by the Department of Public  
627 Health or to the residential treatment facility by the Department of  
628 Children and Families.

629 (h) Except in the case of emergency services or in the case of services  
630 for which an individual has been referred by a physician affiliated  
631 with a health care center, nothing in this section shall be construed to  
632 require a health care center to provide benefits under this section  
633 through facilities that are not affiliated with the health care center.

634 (i) In the case of any person admitted to a state institution or facility  
635 administered by the Department of Mental Health and Addiction  
636 Services, Department of Public Health, Department of Children and  
637 Families or the Department of Mental Retardation, the state shall have  
638 a lien upon the proceeds of any coverage available to such person or a

639 legally liable relative of such person under the terms of this section, to  
640 the extent of the per capita cost of such person's care. Except in the case  
641 of emergency services the provisions of this subsection shall not apply  
642 to coverage provided under a managed care plan, as defined in section  
643 38a-478.

644 (j) A group health insurance policy may exclude the benefits  
645 required by this section if such benefits are included in a separate  
646 policy issued to the same group by an insurance company, health care  
647 center, hospital service corporation, medical service corporation or  
648 fraternal benefit society. Such separate policy, which shall include the  
649 benefits required by this section and the benefits required by section  
650 38a-533, as amended, shall not be required to include any other  
651 benefits mandated by this title.

652 (k) In the case of benefits based upon confinement in a residential  
653 treatment facility, such benefits shall be payable only in situations in  
654 which (A) the insured has a serious mental illness which substantially  
655 impairs the person's thought, perception of reality, emotional process,  
656 or judgment or grossly impairs behavior as manifested by recent  
657 disturbed behavior, (B) the insured has been confined in a hospital for  
658 such illness for a period of at least three days immediately preceding  
659 such confinement in a residential treatment facility, and (C) such  
660 illness would otherwise necessitate continued confinement in a  
661 hospital if such care and treatment were not available through a  
662 residential treatment center for children and adolescents.

663 (l) The services rendered for which benefits are to be paid for  
664 confinement in a residential treatment facility must be based on an  
665 individual treatment plan. For purposes of this section, the term  
666 "individual treatment plan" means a treatment plan prescribed by a  
667 physician with specific attainable goals and objectives appropriate to  
668 both the patient and the treatment modality of the program.

669 Sec. 12. Subsection (a) of section 6 of public act 99-168 is repealed  
670 and the following is substituted in lieu thereof:

671 (a) Each person licensed as an advanced practice registered nurse  
672 under the provisions of section 20-94a, as amended, who provides  
673 direct patient care services shall maintain professional liability  
674 insurance or other indemnity against liability for professional  
675 malpractice. The amount of insurance that each such person shall carry  
676 as insurance or indemnity against claims for injury or death for  
677 professional malpractice shall not be less than five hundred thousand  
678 dollars for one person, per occurrence, with an aggregate of not less  
679 than one million five hundred thousand dollars. The provisions of this  
680 subsection shall not apply to any advanced practice registered nurse  
681 licensed pursuant to section 20-94a, as amended, and maintaining  
682 current certification from the American Association of Nurse  
683 Anesthetists who provides such services under the direction of a  
684 licensed physician.

685 Sec. 13. Section 40 of public act 99-284 is repealed and the following  
686 is substituted in lieu thereof:

687 Each individual health insurance policy providing coverage of the  
688 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
689 469 delivered, issued for delivery, renewed or continued in this state  
690 on or after January 1, 2000, shall provide coverage for general  
691 anesthesia, nursing and related hospital services provided in  
692 conjunction with in-patient, outpatient or one day dental services if the  
693 following conditions are met:

694 (1) The anesthesia, nursing and related hospital services are deemed  
695 medically necessary by the treating dentist or oral surgeon and the  
696 patient's primary care physician in accordance with the health  
697 insurance policy's requirements for prior authorization of services; and

698 (2) The patient is either (A) a child under the age of four who is  
699 determined by a licensed dentist, in conjunction with a licensed  
700 physician who specializes in primary care, to have a dental condition  
701 of significant dental complexity that it requires certain dental  
702 procedures to be performed in a hospital, or (B) a person who has a

703 developmental disability, as determined by a licensed physician who  
704 specializes in primary care, that places the person at serious risk. The  
705 expense of such anesthesia, nursing and related hospital services shall  
706 be deemed a medical expense under such health insurance policy and  
707 shall not be subject to any limits on dental benefits under such policy.

708 Sec. 14. Section 41 of public act 99-284 is repealed and the following  
709 is substituted in lieu thereof:

710 Each group health insurance policy providing coverage of the type  
711 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
712 delivered, issued for delivery, renewed or continued in this state on or  
713 after January 1, 2000, shall provide coverage for general anesthesia,  
714 nursing and related hospital services provided in conjunction with in-  
715 patient, outpatient or one day dental services if the following  
716 conditions are met:

717 (1) The anesthesia, nursing and related hospital services are deemed  
718 medically necessary by the treating dentist or oral surgeon and the  
719 patient's primary care physician in accordance with the health  
720 insurance policy's requirements for prior authorization of services; and

721 (2) The patient is either (A) a child under the age of four who is  
722 determined by a licensed dentist, in conjunction with a licensed  
723 physician who specializes in primary care, to have a dental condition  
724 of significant dental complexity that it requires certain dental  
725 procedures to be performed in a hospital, or (B) a person who has a  
726 developmental disability, as determined by a licensed physician who  
727 specializes in primary care, that places the person at serious risk. The  
728 expense of such anesthesia, nursing and related hospital services shall  
729 be deemed a medical expense under such health insurance policy and  
730 shall not be subject to any limits on dental benefits under such policy.

731 Sec. 15. (NEW) (a) As used in this section, "department" means the  
732 Department of Mental Retardation, the Department of Mental Health  
733 and Addiction Services, the Department of Public Health or the Office  
734 of Health Care Access, and "provider" means any independent

735 contractor or private agency under contract with the department to  
736 provide services.

737 (b) Notwithstanding any provision of part II of chapter 10 of the  
738 general statutes or any regulation adopted or advisory opinion issued  
739 under said part, the department may invite a provider to participate in  
740 any informal policy-making committee, task force, work group or  
741 other ad hoc committee established by the department, and such  
742 participation shall not be deemed to be lobbying for purposes of said  
743 part.

744 Sec. 16. (NEW) (a) As used in this section, "emergency medical  
745 technician" means (1) any class of emergency medical technician  
746 certified under regulations adopted pursuant to section 19a-179 of the  
747 general statutes, including, but not limited to, any emergency medical  
748 technician-intermediate, and (2) any paramedic licensed pursuant to  
749 section 20-206ll of the general statutes.

750 (b) Any emergency medical technician who has been trained, in  
751 accordance with national standards recognized by the Commissioner  
752 of Public Health, in the administration of epinephrine using automatic  
753 prefilled cartridge injectors or similar automatic injectable equipment  
754 and who functions in accordance with written protocols and the  
755 standing orders of a licensed physician serving as an emergency  
756 department director may administer epinephrine using such injectors  
757 or equipment. All emergency medical technicians shall receive such  
758 training. All licensed or certified ambulances shall be equipped with  
759 epinephrine in such injectors or equipment which may be  
760 administered in accordance with written protocols and standing orders  
761 of a licensed physician serving as an emergency department director.

762 Sec. 17. Subsection (a) of section 12 of substitute house bill 5287 of  
763 the current session is repealed and the following is substituted in lieu  
764 thereof:

765 (a) Not later than February 1, 2001, the Commissioner of Public  
766 Health shall submit to the joint standing committee of the General



767 Assembly having cognizance of matters relating to public health a plan  
768 of action for the implementation of a pilot program, in not more than  
769 two municipalities that consent to participate in such pilot program, to  
770 assess the effect of assigning a primary service area to a selected  
771 provider of emergency medical services based on the issuance of  
772 requests for proposals with a right of first refusal granted to the  
773 provider that holds the primary service area at the time of such  
774 issuance. The plan of action shall identify the elements of and the  
775 means of implementing the pilot program, including, but not limited  
776 to: (1) The procedure for selection of the participating municipalities;  
777 (2) the design and measurement of standards for the pilot program; (3)  
778 the identification of emergency service factors to be assessed; (4) the  
779 identification of the evaluating entity; and (5) the estimated time  
780 period for the implementation and completion of the pilot program.  
781 The commissioner shall hold a public hearing on the plan of action  
782 prior to such submission. The joint standing committee of the General  
783 Assembly having cognizance of matters relating to public health shall  
784 meet to consider the plan of action not later than sixty days after the  
785 date of its submission. If the plan of action is rejected by the  
786 committee, the commissioner shall submit a revised plan of action not  
787 later than ninety days after the date of such rejection. The committee  
788 shall approve a plan of action or amend and approve a plan of action  
789 not later than February 1, 2002.

790 Sec. 18. Notwithstanding the provisions of sections 19a-14 and 19a-  
791 88 of the general statutes, as amended, and sections 19a-14-1 to 19a-14-  
792 3, inclusive, of the Regulations of Connecticut State Agencies, any  
793 person previously licensed to practice as a registered nurse under  
794 chapter 378 of the general statutes whose license became void  
795 pursuant to section 19a-88 of the general statutes, as amended, solely  
796 for the failure to register and pay the annual professional services fee  
797 for 1998 or 1999, or both years, may apply to the Commissioner of  
798 Public Health for reinstatement of such license, and the commissioner  
799 shall reinstate such license without imposing any requirements or  
800 conditions other than the filing of such registration and the payment of

801 such fee or fees.

802 Sec. 19. (NEW) (a) There is established an Advisory Commission on  
803 Services and Supports for Persons With Developmental Disabilities.  
804 The commission shall consist of: (1) One member appointed by the  
805 speaker of the House of Representatives and one member appointed  
806 by the president pro tempore of the Senate, who shall be members of  
807 the General Assembly; (2) one member appointed by the minority  
808 leader of the House of Representatives and one member appointed by  
809 the minority leader of the Senate, who shall be members of the General  
810 Assembly; (3) a representative of the Governor; (4) the Secretary of the  
811 Office of Policy and Management, or the secretary's designee; (5) the  
812 Commissioner of Mental Retardation, or the commissioner's designee;  
813 (6) the Commissioner of Mental Health and Addiction Services, or the  
814 commissioner's designee; (7) the Commissioner of Children and  
815 Families, or the commissioner's designee; (8) the Commissioner of  
816 Social Services, or the commissioner's designee; (9) the Commissioner  
817 of Education, or the commissioner's designee; and (10) sixteen persons  
818 who shall be individuals with developmental disabilities who do not  
819 have a condition defined as mental retardation pursuant to section 1-  
820 1g of the general statutes, as amended, representatives of providers of  
821 services to such individuals, or members of the families of or advocates  
822 for such individuals, three of whom shall be appointed by the speaker  
823 of the House of Representatives, three of whom shall be appointed by  
824 the president pro tempore of the Senate, three of whom shall be  
825 appointed by the minority leader of the House of Representatives,  
826 three of whom shall be appointed by the minority leader of the Senate,  
827 and four of whom shall be appointed by the Governor.

828 (b) The advisory commission shall advise the Commissioner of  
829 Mental Retardation concerning the need for services and supports for  
830 individuals with developmental disabilities who do not have a  
831 condition defined as mental retardation pursuant to section 1-1g of the  
832 general statutes, as amended. Such advice shall include, but not be  
833 limited to, (1) defining the population to be served, (2) identifying the  
834 types of services and supports needed, (3) identifying how such

835 services and supports can best be delivered, and (4) identifying the  
836 costs of such services and supports.

837 (c) The Department of Mental Retardation shall, within available  
838 appropriations, provide such staff as is necessary for the performance  
839 of the functions and duties of the advisory commission.

840 Sec. 20. Section 17b-338 of the general statutes is repealed and the  
841 following is substituted in lieu thereof:

842 (a) There is established a Long-Term Care Advisory Council which  
843 shall consist of the following: (1) The executive director of the  
844 Commission on Aging, or [his] the executive director's designee; (2)  
845 the State Nursing Home Ombudsman, or [his] the ombudsman's  
846 designee; (3) the president of the Coalition of Presidents of Resident  
847 Councils, or [his] the president's designee; (4) the executive director of  
848 the Legal Assistance Resource Center of Connecticut, or [his] the  
849 executive director's designee; (5) one representative of the Connecticut  
850 Chapter of the American Association of Retired Persons, appointed by  
851 the president of [said] the chapter; (6) one representative of a  
852 bargaining unit for health care employees, appointed by the president  
853 of [such] the bargaining unit; (7) the president of the Connecticut  
854 Association of Not-For-Profit Providers for the Aging, or [his] the  
855 president's designee; (8) the president of the Connecticut Association  
856 of Health Care Facilities, or [his] the president's designee; [and] (9) the  
857 president of the Connecticut Association of Licensed Homes for the  
858 Aged, or [his] the president's designee; (10) the president of the  
859 Connecticut Hospital Association or the president's designee; (11) the  
860 executive director of the Connecticut Assisted Living Association or  
861 the executive director's designee; (12) the executive director of the  
862 Connecticut Homecare Association or the executive director's  
863 designee; (13) the president of Connecticut Community Care, Inc. or  
864 the president's designee; (14) one member of the Connecticut  
865 Association of Area Agencies on Aging appointed by the agency; (15)  
866 the executive director of the Connecticut Alzheimer's Association or  
867 the executive director's designee; (16) one member of the Adult Day

868 Care Association appointed by the association; (17) the president of the  
869 Connecticut Chapter of the American College of Health Care  
870 Administrators, or the president's designee; (18) the president of the  
871 Connecticut Council for Persons with Disabilities, or the president's  
872 designee; and (19) the president of the Connecticut Association of  
873 Community Action Agencies, or the president's designee.

874 (b) The council shall advise and make recommendations to the  
875 Long-Term Care Planning Committee established under section 17b-  
876 337, as amended.

877 Sec. 21. This act shall take effect from its passage, except that section  
878 17 shall take effect July 1, 2000, section 19 shall take effect October 1,  
879 2000, and section 16 shall take effect January 1, 2001.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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### **OFA Fiscal Note**

**State Impact:** Minimal Revenue Loss, Minimal Cost,  
Minimal Revenue Gain

**Affected Agencies:** Various

**Municipal Impact:** Minimal Savings, Indeterminate Cost,  
Minimal Cost

### **Explanation**

#### **State and Municipal Impact**

This bill as amended makes various changes that result in fiscal impacts as follows:

Section 1 (House "A"): The resulting workload increase to the Department of Mental Retardation due to monitoring of abuse and neglect investigations is anticipated to be minimal and can be handled within budgetary resources of the department.

Section 2 (House "A"): Exempting town-administered child day care services, when operated in a public school building for students enrolled in the school but not administered by the public school system, from licensure requirements will result in a minimal revenue loss to the State, as a \$200 biennial license fee will no longer be collected from a minimal number of municipalities. The Department of Public Health will correspondingly cease to conduct licensure inspections of any affected facilities.

Sections 3 & 4 (House "A"): Adoption of these sections will result in no fiscal impact for the Department of Public Health. The agency will hold an estimated three to four fewer administrative hearings a year involving the denial of initial licensure of a child day care center, family day care home or group day care home. Staff time devoted to these hearings will instead be dedicated to other regulatory duties involving child day care organizations.

Section 5 (Section 1 of File Copy) extends, from October 1, 2000 to October 1, 2001, the authorization for a residence for terminally ill persons to receive hospice home care on a pilot basis from a licensed or certified hospice. No fiscal impact is associated with this provision.

Section 6 (House "A"): It is anticipated that the Department of Public Health will be able to adopt regulations regarding the standardization of certification for each class of emergency medical technicians, emergency medical services instructors and medical response technicians within its anticipated budgetary resources.

Section 7 (Section 2 of File Copy) allows a person to be licensed as an advanced practice registered nurse (APRN) without maintaining a license as a registered nurse (RN). An estimated revenue loss of \$8,850 will result, based upon the number of APRNs who opted to not maintain a RN license prior to being mandated to do so by PA 99-168. The maximum potential revenue loss that would result if all APRNs relinquished their RN licenses would be \$91,600.

Sections 8 & 9 (Sections 3 & 4 of File Copy): A minimal cost, which can be absorbed within anticipated budgetary resources, will be incurred by the Department of Public Health to adopt and implement continuing education requirements for marital and family therapists and hypertrichologists.

Sections 10 & 11 (Sections 5 & 6 of File Copy, as amended by House "A") mandate payments by individual and group health care policies of services rendered by a licensed professional counselor at levels equivalent to benefits paid to physicians or psychologists for the same

services. Based upon existing coverage, this provision has no fiscal impact on the state employees health service cost account.

Section 11 (Section 7 of File Copy) eliminates a requirement that a licensed APRN with a current certification from the American Association of Nurse Anesthetists and working under the direction of a physician maintain malpractice liability insurance. No fiscal impact is associated with this change.

Sections 12 & 13 (Sections 8 & 9 of File Copy) require individual and group health care policies to cover anesthesia, nursing and related hospital services provided in conjunction with outpatient or one day dental services meeting certain specified standards. Based upon existing coverage, this provision is not anticipated to have any fiscal impact on the state employees health service cost account.

Section 14 (Section 10 of File Copy) exempts a private provider invited to participate in informal committees, task forces, work groups or other ad hoc committees by the Departments of Mental Retardation, Mental Health and Addiction Services, Public Health or the Office of Health Care Access from mandatory registration as a lobbyist as a condition of participation. A minimal revenue loss may result since affected providers would not pay a \$75 biennial fee to register as a lobbyist. Current practice of some departments is to invite providers to participate in ad hoc committees, whether durational or ongoing. It is not clear how many of these providers are currently registered as lobbyists solely for the purpose of participation on these ad hoc committees.

Section 15 (Section 11 of File Copy) allows a registered nurse who failed to pay the annual license fee for 1998 or 1999, or both years, to apply for reinstatement of his or her license without having to meet examination requirements. A minimal revenue gain will result to the extent that affected individuals would otherwise not seek licensure reinstatement and pay the corresponding \$50 renewal fee.

Section 16 (House "A"): Effective January 1, 2001, towns operating

municipal ambulance companies will have to ensure that each emergency medical technician under their employ has been trained in the administration of epinephrine. Also, as of the same date each licensed or certified ambulance service must be equipped with epinephrine delivery equipment. Municipally affiliated ambulance services not currently meeting these standards will incur indeterminate training costs, and a minimal cost to stock epinephrine delivery devices.

Section 17 (House "A") requires the Public Health Committee to approve, or amend and approve, a plan submitted by the Department of Public Health establishing a pilot program for the assignment of emergency medical services primary service areas by February 1, 2002. This may facilitate the implementation of any such plan and is not anticipated to result in a fiscal impact.

Section 18 (House "B") establishes an Advisory Commission on Services and Supports for Persons with Disabilities. Any resulting workload increase to the Department of Mental Retardation, which will be responsible for staffing the Commission, will be accommodated within the DMR's anticipated budgetary resources.

Section 19 (House "C") expands the membership of the Long-Term Care Advisory Council. As members are not entitled to compensation, no fiscal impact will result.

House "A" adds Sections 1-4, 6, 16-17 to the bill and results in fiscal impacts as discussed above. It also makes technical changes to Sections 10 and 11 of the bill as amended.

House "B" establishes an Advisory Commission on Services and Supports for Persons with Disabilities. Any resulting workload increase to the Department of Mental Retardation, which will be responsible for staffing the Commission, is anticipated to be accommodated within the DMR's anticipated budgetary resources.

House "C" expands the membership of the Long-Term Care



Advisory Council. As members are not entitled to compensation, no fiscal impact will result.

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**OLR Amended Bill Analysis**

sHB 5792 (as amended by House "A", "B", and "C")\*

**AN ACT MAKING TECHNICAL AND OTHER CHANGES TO CERTAIN PUBLIC HEALTH STATUTES****SUMMARY:**

This bill makes a number of changes, some technical, to a variety of public health-related statutes. Specifically, it:

1. adds licensed professional counselors to those health care providers who must be reimbursed by individual and group health insurers for providing mental or nervous condition treatment;
2. establishes continuing education requirements for marital and family therapists, and hypertrichologists;
3. extends for one year, until October 1, 2001, the pilot program that allows hospices to establish procedures for offering home care and supplemental services to terminally ill people;
4. specifies that advanced practice registered nurses (APRNs) certified as nurse anesthetists do not have to have malpractice liability coverage if working under a physician's direction;
5. requires that an APRN license be "eligible" for a registered nurse (RN) license instead of "maintaining" such a license;
6. requires DPH to reinstate, without conditions, an RN whose license became void for failure to pay the annual license fee in 1998 or 1999, or both, upon application and payment of the fees;
7. extends an insurance coverage requirement for certain dental services to include outpatient or one-day dental services in addition to inpatient dental services under certain conditions;
8. allows various state agencies to invite providers to participate in

committees, task forces, and other related activities without it being considered lobbying;

9. requires the Department of Mental Retardation (DMR) commissioner to monitor, as well as conduct, abuse and neglect investigations;
10. specifies that, for purposes of DPH licensing and registration, child day care services do not include those administered by a municipal agency or department and located in a public school building for students enrolled in that school;
11. eliminates the right of a license applicant for a day care center, group day care home, or family day care home to appeal DPH's denial of a license application;
12. modifies the DPH's commissioner's duty to adopt regulations concerning emergency medical services (EMS) personnel;
13. amends another bill (sHB 5287) concerning an EMS pilot program on primary service area assignment; and
14. allows certain trained emergency medical technicians to administer epinephrine under certain conditions.

The bill also establishes an Advisory Commission on Services and Supports for Persons with Developmental Disabilities, and adds 10 members to the existing Long-Term Care Advisory Council.

\*House Amendment "A" adds the provisions on (1) DMR monitoring of abuse and neglect investigations; (2) child day care license procedures; and (3) emergency medical services. It also makes technical changes.

\*House Amendment "B" adds the advisory commission for the developmentally disabled.

\*House Amendment "C" adds the new members to the Long-Term Care Advisory Council.

EFFECTIVE DATE: Upon passage, except that the EMT- epinephrine provisions take effect January 1, 2001, the EMS pilot program change

takes effect July 1, 2000, and the Developmental Disabilities Advisory Commission provisions takes effect October 1, 2000.

### **LICENSED PROFESSIONAL COUNSELORS**

By law, certain health care providers must be reimbursed under individual and group health insurance policies for mental or nervous condition diagnosis and treatment services. Providers include (1) licensed physicians or psychologists, (2) licensed clinical social workers who pass the clinical exam and complete at least 2,000 hours of post-master's social work in a tax-exempt nonprofit agency, municipal, state or federal agency, or public health department-licensed institution; (3) social workers certified as independent before October 1, 1990; (4) licensed marital and family therapists who complete at least 2,000 hours of post-master's work experience in a tax-exempt nonprofit agency, municipal, state, or federal agency, or public health department-licensed institution; (5) marital and family therapists certified before October 1, 1992; and (6) licensed alcohol and drug counselors or certified alcohol and drug counselors.

The bill adds licensed professional counselors to the list of providers who must be reimbursed for such services. Licensed professional counselors can receive reimbursement when they provide services in a residential treatment facility or provide outpatient services in (1) a nonprofit community mental health center as defined by the mental health and addiction services department, (2) a licensed nonprofit adult psychiatric clinic operated by an accredited hospital, or (3) a residential treatment facility.

### **CONTINUING EDUCATION REQUIREMENTS**

The bill requires licensed marital and family therapists to participate in continuing education and provide the Department of Public Health (DPH) with satisfactory evidence of such participation in order to renew their licenses. DPH must adopt regulations (1) defining basic requirements for continuing education; (2) specifying qualifying programs; (3) establishing a control and reporting system; and (4) providing for a waiver of continuing education for good cause.

The bill also requires hypertrichologists seeking licensure renewal to participate in continuing education. Again, DPH must adopt regulations addressing the same factors listed above.

Hypertrichologists remove superfluous hair by electrical or other methods.

### **NURSE ANESTHETISTS AND MALPRACTICE**

By law, APRNs providing direct patient care services must have professional liability insurance or other indemnity against professional malpractice liability. This bill specifies that the requirement does not apply to any APRN maintaining current certification from the American Association of Nurse Anesthetists and providing services under a physician's direction.

### **DENTAL CARE COVERAGE**

The law requires individual and group health insurance policies to cover general anesthesia, nursing, and related hospital services provided in conjunction with inpatient dental services if certain conditions are met. These are: (1) the anesthesia, nursing, and related services are deemed medically necessary by the treating dentist or oral surgeon and the patient's primary care physician according to the health insurance policy's requirements for prior authorization of services and (2) the patient is either (a) a child under age four with a dental condition or significant complexity requiring that certain procedures be done in a hospital as determined by a licensed dentist, in conjunction with a licensed primary care physician specialist or (b) a person with a developmental disability, as determined by a physician specializing in primary care, that places him at serious risk.

The bill extends this coverage requirement to include outpatient or one-day dental services, as well as inpatient care, that meet the conditions described above.

### **PROVIDER PARTICIPATION IN AGENCY ACTIVITIES**

The bill allows the departments of Mental Retardation, Mental Health and Addiction Services, and Public Health, and the Office of Health Care Access to invite any provider to participate in any informal policy-making committee, task force, work group, or other ad hoc committee established by the department or office. Such participation is not deemed lobbying under the bill. "Provider" means any independent contractor or private agency under contract with a department to provide services.

## **LICENSE APPLICATIONS FOR CHILD DAY CARE CENTERS, GROUP DAY CARE HOMES, AND FAMILY DAY CARE HOMES**

The bill eliminates the right of an applicant for a license to operate a day care center, group day care home, or family day care home to appeal the public health commissioner's decision to deny the application. Current law allows applicants to ask for an administrative hearing and then a court hearing. But the DPH commissioner must notify an initial applicant for a license of the denial and the reasons for it by mailed written notice.

## **EMS RELATED PROVISIONS**

### ***Regulations***

Currently, DPH must adopt regulations on state-wide standardization or certification for "emergency medical technician-intermediate." This bill instead requires regulations on state-wide certification standardization for each class of (1) emergency medical technicians (EMTs), including paramedics; (2) EMS instructors; and (3) medical response technicians.

### ***Pilot Program***

sHB 5287 of the 2000 Session (which passed the House on April 25) requires DPH by February 1, 2001, to provide the Public Health Committee with a plan to implement a pilot program in one or more towns concerning assigning of primary service areas to EMS providers. This bill specifies that the Public Health Committee must approve the plan or amend and approve it by February 1, 2002.

### ***Administration of Epinephrine***

The bill allows an emergency medical technician (EMT) to administer epinephrine using automatic prefilled cartridge injectors or similar automatic injectable equipment if he has been trained in administering it according to national standards recognized by DPH. Administration of epinephrine must be according to written protocols and standing orders of a licensed physician serving as an emergency department director.

The bill requires all EMTs to receive this training and requires all licensed or certified ambulances to have epinephrine in such injectors or equipment for administration as described above.

The bill defines EMT, for these purposes, as (1) any class of EMT certified under DPH regulations including EMT- intermediate, and (2) any licensed paramedic. Epinephrine is used therapeutically as a vasoconstrictor, a cardiac stimulant, and to relax bronchioles. It is used to check local hemorrhage and to relieve asthmatic attacks.

### **ADVISORY COMMISSION FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

The bill establishes a 27-member Advisory Commission on Services and Supports for Persons with Developmental Disabilities. The commission must advise the DMR commissioner on the need for services and supports for people with developmental disabilities who are not mentally retarded. This includes identifying (1) the population to serve; (2) the needed types of supports and services; (3) how they can best be delivered; and (4) their costs.

The Department of Mental Retardation (DMR) must provide necessary staff for the commission. The advisory commission includes (1) four members of the General Assembly, one each appointed by the House speaker, the Senate president pro tempore, the House minority leader, and the Senate minority leader; (2) a governor's representative; (3) the Office of Policy and Management secretary or his designee; (4) the commissioners of the departments of Mental Retardation, Mental Health and Addiction Services, Children and Families, Social Services, and Education or their designees; and (5) 16 persons who have developmental disabilities but are not mentally retarded, representatives of providers serving such individuals, or family members of, or advocates for, such individuals. Of these 16 members, three each are appointed by the House speaker, Senate president pro tempore, House minority leader, and Senate minority leader; and the remaining four by the governor.

### **LONG-TERM CARE ADVISORY COUNCIL**

The council currently has nine members. The bill adds the following 10 members:

1. the Connecticut Hospital Association President or his designee;
2. the executive director of the Connecticut Assisted Living Association or his designee;
3. the executive director of the Connecticut Homecare Association or his designee;
4. the president of Connecticut Community Care, Inc. or his designee;
5. a member of the Connecticut Association of Area Agencies on Aging, appointed by the agency;
6. the executive director of the Connecticut Alzheimer's Association or his designee;
7. a member of the Adult Day Care Association appointed by the association;
8. the president of the Connecticut Chapter of the American College of Health Care Administrators, or his designee;
9. the president of the Connecticut Council for Person with Disabilities, or his designee; and
10. the president of the Connecticut Association of Community Action Agencies, or his designee.

## **BACKGROUND**

### ***Legislative History***

The House referred the bill to the Insurance and Real Estate Committee on April 7. That committee reported the bill favorably without change on April 13. The House then referred the bill to the Government Administration and Elections Committee on April 16. That committee reported the bill favorably without change on April 18.

## **COMMITTEE ACTION**

Public Health Committee



Joint Favorable Substitute

Yea 24      Nay 0

Insurance and Real Estate Committee

Joint Favorable Report

Yea 14      Nay 0

Government Administration and Elections Committee

Joint Favorable Report

Yea 22      Nay 0